

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027016

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3465

VS 300
Rev. 4/59

1

3068

3

4 1

5 2

6

7 1

8 2

9369

10 48

11 333

12 57-0

13

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3465

FILED JUL 25 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
25 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION General HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) 334 South Topping
Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Eula

Middle

Last Cody

4. DATE OF DEATH

Month June 30, 1962

Day

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-9-1902

9. AGE (last birthday)

59 YEARS

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GENERAL PRACTICAL NURSE

10b. KIND OF BUSINESS OR INDUSTRY

NURSING

11. BIRTHPLACE (City and state or country)

CENTERTOWN KY.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

BEN GENTRY

13b. MOTHER'S MAIDEN NAME

KETTY TURNES

14. NAME OF HUSBAND OR WIFE

MICHAEL CODY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

334 So.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Subdural hematoma, right temporal

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-26-62 to 6-30-62 and last saw her alive on 6-30-62
Death occurred at 6:55 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

7-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

B. BURIAL

23b. DATE

JULY 3, 1962

23c. NAME OF SEMETERY OR CREMATORY

Mt. Washington

23d. LOCATION (City, town, or county)

KANSAS CITY MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

MUEHLEBACH

6800 ROOST

25. DATE REC'D. BY LOCAL REG.

7-2-62

26. REGISTRAR'S SIGNATURE

Ruth A Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Danny C. Kerns, Student Embalmer No. 647
working under my personal supervision.

Student

Danny C. Kerns
Signature of Student Embalmer

Signed

B. O. Nelson

Licensed Embalmer No.

4421

P. O. Address

K. C. Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.